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ABSTRACT

New York City's former policy of excluding pregnant girls from school is briefly reviewed, and the rationale underlying the current program is presented. Six schools for pregnant students are described as multi-disciplined centers which allow the student to continue her full-time education with provision for special health and counseling needs. The Board of Education is viewed as responsible for educating even pregnant students. The objectives of the six schools, funded under Title I ESEA, include: (1) to improve attendance; (2) to increase the incidence of live births among pregnant students; (3) to increase infant care and homemaking skills; (4) to provide the girls with saleable skills; and (5) to change their academic profile. Administrative and operative details are discussed. The paper concludes that the New York City program has met a great need in preventing dropouts and assisting pregnant students to complete the requirements for graduation. A discussion of several areas which require further study and implementation concludes the report. (TL)

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SCHOOLS FOR PREGNANT GIRLS IN NEW YORK CITY

by

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In New York City the number of school-age pregnant girls has been increasing steadily during the last few years and many authorities contend that pregnancy is a leading cause for school drop-outs among teenage girls. In New York in 1946 it was estimated that 3% of all pregnancies were delivered out of wedlock; by 1956, 8%;and by 1963, 11% of all reported pregnancies were listed as being out of wedlock. In New York City during 1969, there were 20,138 live births delivered to girls 19 years old and younger, of which 9,981 were out of wedlock. Thus, in this city alone approximately 10,000 girls were faced with the prospect of discontinuing their education because of pregnancy. The policy in most school systems regarding the education of pregnant girls required that they drop out of school as soon as the pregnancy shows. This"known or shows" dismissal policy prevailed throughout most of the public school systems for which data has been gathered and was the policy in New York City until 1967.

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The reasons for excluding pregnant girls from school have been accepted over the years, however illogical they seem on close examination. The puritanism, conscious or unconscious in our country, has lead to the exclusion early in their pregnancies, not only of students, but also of teachers, ostensively for health reasons but in reality to shield the school pupulation from the sexual facts of life, although these facts are presented openly in the newspapers, television and other mass media. Exclusion has also been an implied desire to hurt and punish the pregnant girl who is regarded as a criminal and her pregnancy a crime for which she must assume feelings of guilt. Just as Hester Prynne, in Hawthorne's "Scarlet Letter" was compelled to wear the letter "A" as a constant reminder to herself and society of her indescretion, so present day society it seems wishes to use similar methods to designate those who have transgressed. It was felt that her association with other girls in the classroom would influence them to follow in her footsteps. On close examination this is ridiculous, since her classmates, sensitive to her distress and her added responsibilities, would no doubt more firmly resolve to avoid that pitfall.

The New York City Board of Education, beginning in the 1960's began to take a close look at its policy

of exclusion and to examine the reasons and results of that policy. It was found that the largest number of pregnant girls who dropped out of school were from the lower socio-economics groups and were most frequently black or Puerto Rican.

The New York City Bureau of Attendance in a study of 259 cases from 1955-1959 found that 69.5% were black, 17% Puerto Rican and 11.2% white. Many of these inner city children are high risk students educationally in normal circumstances and an even greater challenge when pregnant. Therefore, they should be given every assistance to obtain the optimum in education so that they will become productive members of society who are able to support themselves and their children in a constructive meaningful manner.

As a result of its findings the New York City Board of Education reversed its policy of exclusion and issued Special Circular No. 10 dated September 27, 1968. A number of "centers for continuing their full-time education" for pregnant students were established which were "multi-disciplined including a regular secondary school curriculum with provisions for special health and counseling needs." The circular stated the Board's "responsibility for the education of all school age children includes the pregnant teenager," and listed the educational choices now available:

1) home instruction

2) resident shelter

3) special center for pregnant girls

4) continuation in their regular school program as long as their physical and emotional condition permits

The first school for pregnant students was organized in September 1967 under Title I ESEA to provide education in a separate setting for students who were pregnant and who could not remain in their home school. Four additional schools were opened in September 1968 and a sixth in July 1970. The six schools, two in Manhattan, one in the Bronx, two in Brooklyn and one in Queens continue to be funded under Title I of the Elementary and Secondary Education Act.

Objectives have changed each year. The Title I ESEA proposal for 1970-1971 listed six objectives.

1) To improve the attendance of pregnant school age girls in a separate school setting where they are grouped according to grade level in small classes and receive individual instruction.

2) To increase the percentage of incidence of live births among pregnant students . . . by involving them in health programs through

health instruction and introduction to medical and social welfare facilities.

3) To increase the skills of the participating girls in infant care and allied homemaking areas.

4) To increase the number of pregnant school age girls who maintain their education beyond the birth of their baby.

5) To raise the student's entry level in a saleable skill such as typing, clerical skills, operation of business machines.

6) To change in a positive direction the academic profile of low achieving pregnant students.

The schools are under the supervision of a licensed supervisor who coordinates the services available through community and health agencies. Six licensed secondary school teachers are assigned to each school; four for academic subjects - English, mathematics, social sciences; two for vocational subjects - business education, home economics. The guidance counselor assigned to each school plays a vital role in the educational, emotional and social adjustment of the students. The counselor, in consultation with the home school, guides the students in the formulation of an educational program and contacts

social and health agencies to secure needed services. She counsels students after delivery and helps them plan their future education or entrance into the world of work.

A social worker from the Bureau of Child Guidance has been assigned to all schools. Each school has on its staff five para-professional teacher aides and a school secretary.

The schools are in session the full year except for a short period at the end of August. Classes are held five hours a day during the regular school term and four and a half hours a day during the summer.

The educational program is a flexible one with emphasis on individualized instruction since the girls enter at various times of the year and have different course requirements and needs.

The centers are operated in close association with community and health agencies which provide medical care, social work, nursing, special counseling, and welfare when needed.

The need for close affiliation with agencies has been clearly defined when we consider the limited number of girls who receive early pre-natal care. A study conducted at the University Hospital in Virginia during the calendar years 1967-1968 showed that more

than half of the students dropped out by the 4th month of pregnancy and that no pre-natal care or advice had been sought. The dismissal policy of "when it is known or shows" was a determining factor in school drop-out and attendance at a medical facility.

One unique feature of the center in District 12 is that it occupies premises in the same building as the Maternity and Infant Care Center which is a neighborhood clinic closely affiliated with the Alfred Einstein College of Medicine and Lincoln Hospital. In this setting every girl is assured of pre-natal care. She is free to chose her own physician, to attend a clinic of her choice, or, and this is most frequently the practice, to attend the clinic which is located in the school building. There is also a social service unit affiliated with the maternity clinic which provides psychological services and provides counselling to all registered students. This is a great leap forward since 1963 when the Community Council study of New York hospitals reported that 88% of the interviewed unmarried mothers had received medical services through hospital clinics while only 40% had any contact with a clinic social worker and most contacts had been brief so that it was concluded that only 10% had received meaningful social services.

. The New York City program for the education of pregnant girls has met a great need in preventing drop-outs in this group and has been successful in assisting them to complete the requirements for graduation and, in many cases, to continue their education beyond the high school. During the 1969-70 school year 60 girls were granted high school diplomas and 48 went on to higher education. We are grateful to note the success of the program, as pointed out by evaluation reports compiled by the Center for Urban Education, 1967-68, 1968-69, and by the Office of Research and Evaluation Services, The City University of New York, 1969-70, but we recognize that there are areas which require further study and implementation by the Board of Education, the Department of Health and social welfare agencies. These areas of concern are:

1) The need for a comprehensive program in all secondary schools of sex education and family living which will include family planning, the availability of contraceptions and abortions. Osofsky in "The Pregnant Teen-Ager" states, "It is much more rational to help any female (and especially one who is single and of teen-age) to prevent an unwanted pregnancy than it is to punish her by

forcing her to become pregnant against her will." The concept that teen-agers as individuals should have the right to make decisions concerning the use of their own bodies, is expressed in the proposed act to be presented to the New York State Legislature to amend the public health law in order to allow certain minors to consent to medical, dental, and health services without the consent of others. Should this law be enacted, pregnant teen-agers would be permitted to seek contraceptive devices and abortions without parental knowledge or consent, which in all probability would decrease the number of live births among this age group. Krantz (1965)in a recent national survey found evidence that the typical teenage girl who became pregnant out of wedlock would be expected to deliver nine out of wedlock children during her reproductive years which poses great social and economic burdens on society.

2) New York City has not yet faced up to the need to provide infant day care for babies of teen-agers who wish to continue in school during the day. Since 99% of the girls choose to keep their babies rather than put them up for adoption or into foster homes, there is a great need for day care centers for babies three months old and up. As pointed out earlier in this paper, only one center, District 12, has pioneered in setting up an infant stimulation program in conjunction with the school for pregnant students. Financial backing for this program was obtained through state funds and has the support of school and community groups.

3) The schools for pregnant students should be an integral part of the New York City school system. At present the six in operation are financed through Title I, ESEA federal funds which do not provide for expansion of the program. As stated earlier, in 1969 there were 20,138 live births to girls of school age. This points up the need for additional schools, incorporation within the school system and

financed by city tax levy funds as are all other schools. This is why we, in New York, let them remain in their home school if condition permits.

The evaluations of the facilities have cited their success in preventing school drop-outs by pregnant school age girls. In addition, the availability of allied medical and social welfare services has provided a means by which the student has been able to develop into productive, self-achieving members of society, and the monies spent now on the program are small in comparison to the gains which the graduates will produce in their adult lives.

In conclusion, I firmly believe that no school system has the right to exclude a girl, whether married or unmarried, from school because she is pregnant. In fact, it has the obligation and responsibility through positive and overt action to assure that every child - every girl - has the right to full and equal educational opportunities. To do less than this is to cheat them of their birthright.

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